

Free Care

Answering your questions about the
Massachusetts Uncompensated Care Pool

Notes

This newsletter is intended to answer questions about Free Care eligibility, and to help hospitals and community health centers understand the free care eligibility regulation, 114.6 CMR 10.00.

If you have questions about free care eligibility, please contact the Division of Health Care Finance and Policy at 617-988-3222.

Please share this newsletter with your billing staff and those who assist patients with free care applications.

Service Dates, Eligibility Dates, and Write-off Dates

Division of Health Care Finance and Policy regulations state that the patient's financial liability may be billed to the Pool for the patient's eligibility period (see 114.6 CMR 10.03(1)(b) and 114.6 CMR 10.03(2)(c)). Therefore, when matching free care claims data to application data the Division looks at whether the service date or the write-off date falls within the patient's eligibility period. Services billed to the Pool after the end of the patient's eligibility period due to billing cycle delays are allowable as long as the service date falls within the patient's eligibility period.

Billing for Healthy Start Patients

Hospitals are allowed to bill the Pool for fetal non-stress monitoring if MassHealth Limited denies the claim. If the provider is concerned that there may be problems with the fetus, they may do a fetal non-stress test in the ER or OPD department. MassHealth Limited can only pay for this service if the test occurs the same day that the delivery occurs (because there is an associated emergency diagnosis for labor and delivery). If the test indicates that the fetus is fine, the woman is generally sent home. In this case, when there is no associated emergency diagnosis (i.e. labor and delivery), the service may be billed to the Pool.

New Cards for Healthy Start and Children's Medical Security Plan

New cards have been issued by the Department of Public Health for both Healthy Start and CMSP. As of August 1, all new members in both programs received the new cards. Members of these two programs whose income is 0-200% FPL are eligible for full free care. Members whose income is between 201-400% are eligible for partial free care. The new cards carry a special code indicating the patient's income level:

- FPL:1 (this indicates 0-200% FPL)
- FPL:2 (this indicates 201-400% FPL)
- FPL:3 (this indicates above 400% FPL)

Therefore, FPL:1 and FPL:2 indicate that the patient is eligible for either full or partial free care. If the patient is FPL:2, providers must also obtain the patient's income information to calculate the patient's partial free care deductible. To obtain this information, contact Nicole Watson at DPH at 781-774-6711. CMSP cards will continue to be re-issued on annual basis if income changes or the application of new FPL guidelines changes their category.

Children's Medical Security Plan

Providers should continue to submit Medical Benefit Request (MBR) forms for children. On November 4th, 2002 CMSP suspended new enrollments until a maintenance caseload was reached through attrition. This maintenance caseload has been reached and the program is now enrolling applicants from the waiting list. Coverage is effective on the date the applicant moves off the waiting list. Please continue to encourage people to apply to CMSP to assure that there is an application in process.

As of December 1, 2002 CMSP no longer offers coverage for services provided in a hospital emergency room. These services may be paid for by MassHealth Limited or the Uncompensated Care Pool. In order to bill the Pool for these services the hospital must have a condensed free care application with documentation on file.

Mitt Romney
Governor

Ronald Preston
Secretary, Executive Office of
Health & Human Services

Division of Health Care
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Christine C. Ferguson
Acting Commissioner


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Single Visits Under \$500

Division regulations state that documentation is not required with the application for a single visit when the total charge for the visit is \$500 or less, although documentation must be obtained in order for the provider to bill subsequent visits to the Pool. The Division does allow providers to grant “one-day” eligibility for these patients; in this case the eligibility date must be the date of service. This option may be exercised only once per patient per twelve-month period (see 114.6 CMR 10.04(3)(a)2).

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 **Are you the correct contact person at your site for this information? Are your name and address correct?**
Please note any changes directly on this label and send to the address above or fax to Shelley Fortier at 617-727-7662.

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Access to Health Care in Massachusetts: A Catalog of Health Care Programs for Uninsured and Underinsured Individuals, 2002 Edition

Updated with revised income guidelines, eligibility criteria, and information on several new programs, this valuable resource was published in May 2002. Designed as a comprehensive resource for providers, this catalog contains detailed information on over 75 federal, state, and local programs. It includes programs ranging from MassHealth and Medicare to free dental clinics and discount prescription drug plans. We hope that this catalog, which provides information on eligibility guidelines, the range of services covered, and how to apply, will facilitate access to health care by helping to refer individuals to the most comprehensive health care programs for which they qualify. One complimentary copy has been sent to each hospital and community health center. Additional copies will be available for purchase for only \$10.00 each (this price includes shipping and handling). To order additional copies, please contact Shelley Fortier at 617-988-3121 or email shelley.fortier@state.ma.us. The catalog can also be printed from the Division's web site www.mass.gov/dhcfp.